02/20/2008 12:09

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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC) 591 REDWOOD HWY., #4000 ADDRESS (number and street) Check if different than previously MILL VALLEY CA 94941 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00384362 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2008 0 1 3 1 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. JASON D. KAUNE Type or Print Name of Treasurer Electronically Filed by JASON D. KAUNE 02 19 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC) D D 0 1 0 1 2008 0 1 3 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2008 302728.78 January 1 (b) Cash on Hand at 302728.78 Begining of Reporting Period ..... 40618.74 40618.74 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 343347.52 343347.52 6(a) and 6(c) for Column B) ..... 84895.53 84895.53 7. Total Disbursements (from Line 31) ........... Cash on Hand at Close of Reporting Period 258451.99 258451.99 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 1195.69 Schedule C and/or Schedule D) ..... 07 2006 CA This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Report Covering the Period: From:	M 0 1 Y Y W Y Y 2 0 0 8	To: 0 1 3 1 Y Y Y Y Y
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ul><li>11. Contributions (other than loans) From:</li><li>(a) Individuals/Persons Other</li></ul>		
Than Political Committees (i) Itemized (use Schedule A)	12702.68	12702.68
(ii) Unitemized	27808.97	27808.97
(iii) TOTAL (add Lines 11(a)(i) and (ii)	40511.65	40511.65
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	40511.65	40511.65
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
<ul><li>14. Loan Repayments Received</li><li>15. Offsets To Operating Expenditures</li></ul>	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	107.09	107.09
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	40618.74	40618.74
20. Total Federal Receipts	40618.74	40618.74

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	2895.53	2895.53
Expenditures(c) Total Operating Expenditures	2500.00	2000.00
(add 21(a)(i), (a)(ii) and (b))	2895.53	2895.53
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees	79000.00	79000.00
and Other Political Committees  Independent Expenditure		
(use Schedule E)	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
. Loans Made	0.00	0.00
. Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
Than Political Committees		
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
(add Lines 20(a), (b), and (c))		
Other Disbursements	3000.00	3000.00
. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	84895.53	84895.53
. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	0.4005 50	04005 50
from Line 31)	84895.53	84895.53

### **DETAILED SUMMARY PAGE**

Page 5

of Disbursements

FEC Form 3X (Rev. 02/2003)

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	40511.65	40511.65
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	40511.65	40511.65
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2895.53	2895.53
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	2895.53	2895.53

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	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 35 (check only one)  X 11a 11b 11c 12 13 14 15 16 17	
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	solicit contributions from such committee.	
	MEDCO HEALTH SOLUTIONS INC. F	POLITICAL	ACTION COMMITTEE (a.k.a	i. Medco Health PAC)	
Α.	Full Name (Last, First, Middle Initial) DR ROGER ANDERSON			Date of Receipt	
	Mailing Address 833 OXFORD COURT			01 05 7 2008	
	City	State TX	Zip Code	Transaction ID: INC.A.43427	
	LEWISVILLE FEC ID number of contributing federal political committee.	C	75056	Amount of Each Receipt this Period  192.30	
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP & C	on CHIEF PHARMACIST		
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 384.60		
- В.	Full Name (Last, First, Middle Initial) MR MICHAEL BARONE Mailing Address AFO MEDWAY DD	Date of Receipt			
	Mailing Address 452 MEDWAY RD			01 05 2008	
	City	State	Zip Code	Transaction ID: INC.A.43461	
	HIGHLAND HEIGHTS  FEC ID number of contributing federal political committee.	OH C	44143	Amount of Each Receipt this Period  250.00	
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERA			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	]	
- С.	Full Name (Last, First, Middle Initial) BRYAN BIRCH			Date of Receipt	
	Mailing Address 4 WINDRUSH LANE	Mailing Address 4 WINDRUSH LANE			
	City	State	Zip Code	Transaction ID: INC.A.43401	
	WESTPORT  FEC ID number of contributing federal political committee.	CT	06880	Amount of Each Receipt this Period  192.00	
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation	PRES, EMPLOYER GROUP		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 384.00		
	SUBTOTAL of Receipts This Page (optional)			634.30	
f	TOTAL This Period (last page this line number		<u> </u>		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/35 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
_	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	solicit contributions from such committee.
	MEDCO HEALTH SOLUTIONS INC.	POLITICAL	ACTION COMMITTEE (a.k.a	a. Medco Health PAC)
Α.	Full Name (Last, First, Middle Initial) KEN BODMER			Date of Receipt
	Mailing Address P.O. BOX 381947			01 05 2008
	City	State	Zip Code	Transaction ID: INC.A.43308
	GERMANTOWN	TN	38183	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		192.00
	Name of Employer ACCREDO HEALTH GROUP	Occupation SVP FIN		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		384.00	
В.	Full Name (Last, First, Middle Initial) MS SALLIE BOWDEN	Date of Receipt		
	Mailing Address 5259 FISHERCREST	01 05 YYYY 02008		
	City	State	Zip Code	Transaction ID: INC.A.43344
	RICHMOND	VA	23231	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer MEDCO HEALTH SOLUTIONS		MULARY CONSULTING	
	Receipt For:  Primary General  Other (specify) ♥	Aggregate	e Year-to-Date ▼ 400.00	
с. С.	Full Name (Last, First, Middle Initial) DONNA DENARDO			Date of Receipt
	Mailing Address W2996 GIBRALTER I	ROAD		01 05 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: INC.A.43457
	FISH CREEK	WI	54212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		192.30
	Name of Employer MEDCO HEALTH SOLUTIONS	<del>, '</del>	SENERAL MGR MEDICARE	
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	,
	Other (specify)	0 0	384.60	
	SUBTOTAL of Receipts This Page (optional) .			584.30
f	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC	TS  uch Reports and Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 35 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for commercial purposes, o  NAME OF COMMITTEE (	ther than using the name and add In Full)	ACTION COMMITTEE (a.k.a	o solicit contributions from such committee.
Full Name (Last, First, Mid DR ROBERT EPSTEIN Mailing Address 75 TW			Date of Receipt
City	State	Zip Code	0 1 0 5 2 0 0 8 Transaction ID: INC.A.43015
UPPER GRANDVIEW	NY	10960	Amount of Each Receipt this Period
FEC ID number of contributed rederal political committee.	ting C		192.31
Name of Employer MEDCO HEALTH SOLUT	T CINIO SV	P MEDICAL&ANLYTC AFF	RS
Receipt For:  Primary Ge  Other (specify) ▼	neral Aggregate	e Year-to-Date ▼ 384.62	
Full Name (Last, First, Mid MS PAMELA GALASSINI	dle Initial)		Date of Receipt
Mailing Address 720 N. APT 17	701		01 05 7 2008
City CHICAGO	State IL	Zip Code 60610	Transaction ID: INC.A.43386
FEC ID number of contributed rederal political committee.		00010	Amount of Each Receipt this Period  192.31
Name of Employer MEDCO HEALTH SOLUT	Occupatio GENERA		
Receipt For:  Primary Ge  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 384.62	
Full Name (Last, First, Mid	dle Initial)		Date of Receipt
Mailing Address 25 BAI	LYMEADE ROAD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: INC.A.43411
HOPEWELL JUNCTIO	Para T	12533	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.	C		192.31
Name of Employer MEDCO HEALTH SOLUT	Occupatio SVP/CHI	n EF INFRASTRUCTURE OF	FR:
Receipt For:  Primary Ge  Other (specify) ▼	Aggregate Aggregate	e Year-to-Date ▼ 384.62	]
SUBTOTAL of Receipts This	Page (optional)		576.93

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 35 (check only one)    X
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements ma	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO	OLITICAL /	ACTION COMMITTEE (a.k.a	. Medco Health PAC)
Full Name (Last, First, Middle Initial) MR THOMAS GILSON			Date of Receipt
Mailing Address 2 PELL FARM ROAD			01 05 7 2008
City SADDLE RIVER	State NJ	Zip Code 07458	Transaction ID: INC.A.43381  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07400	192.31
Name of Employer MEDCO HEALTH SOLUTIONS	Occupatio GENERA		
Receipt For:  Primary  General  Other (specify) ▼		e Year-to-Date ▼ 384.62	
Full Name (Last, First, Middle Initial) MR SCOTT GILYARD			Date of Receipt
Mailing Address 305 BERGAMOT DRIV	E		01 05 7 2008
City	State	Zip Code	Transaction ID: INC.A.43016
MEDINA FEC ID number of contributing federal political committee.	C	55340	Amount of Each Receipt this Period 192.30
Name of Employer MEDCO HEALTH SOLUTIONS	Occupatio PRES UI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 384.60	
Full Name (Last, First, Middle Initial) MR MARK HALLORAN			Date of Receipt
Mailing Address 19 KINGS RIDGE ROA	.D		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LONG VALLEY	State NJ	Zip Code 07853	Transaction ID: INC.A.43274  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		192.31
Name of Employer MEDCO HEALTH SOLUTIONS	Occupatio CHIEF IN	n NFO OFFICER	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 384.62	
SUBTOTAL of Receipts This Page (optional)		·····	576.92

## SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 35 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. I	Statements may not be sold or used by any perse name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MR PETER HARTY Mailing Address 19520 YELLOW WING  City COLORADO SPRINGS FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:	G COURT  State Zip Code CO 80908  C  Occupation VP GOVERNMENT AFFAIRS  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  O 1
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) KENNETH KLEPPER Mailing Address 295 GLEN PLACE  City	State Zip Code	Date of Receipt    M
FRANKLIN LAKES  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)	Occupation PRES & CHIEF OPERATING OFFIC  Aggregate Year-to-Date   384.60	Amount of Each Receipt this Period 192.30
Full Name (Last, First, Middle Initial) MS CYNTHIA LAUBACHER Mailing Address 7017 COBALT WAY  City CITRUS HEIGHTS  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)	State Zip Code CA 95621  C  Occupation SR DIR GOVERNMENT AFFAIRS  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 1 0 5 2 0 0 8  Transaction ID: INC.A.43227  Amount of Each Receipt this Period  125.00
SUBTOTAL of Receipts This Page (optional)		509.61

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 35 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
or for commer	on copied from such Reports and Stricial purposes, other than using the COMMITTEE (In Full)	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
MEDCO	HEALTH SOLUTIONS INC. P	OLITICAL A	ACTION COMMITTEE (a.k.a	i. Medco Health PAC)
A. MR TODD				Date of Receipt
	dress 11825 SHEPPARDS C	01 05 2008		
City <u>CLARKS</u>	VILLE	State MD	Zip Code 21029	Transaction ID: INC.A.43132  Amount of Each Receipt this Period
	imber of contributing itical committee.	C		192.30
Name of E MEDCO H	mployer HEALTH SOLUTIONS	Occupatio GENERA		7
Receipt Fo		Aggregate	e Year-to-Date ▼ 384.60	
<b>B.</b> MR JEFFR	(Last, First, Middle Initial) EY MAY dress 137 WASHINGTON AV	Date of Receipt		
City		0 1 0 5 2 0 0 8 Transaction ID: INC.A.43325		
HILLSDA	<u>ALE</u>	State NJ	Zip Code 07642	Amount of Each Receipt this Period
	imber of contributing itical committee.	C		192.30
Name of E MEDCO H	mployer HEALTH SOLUTIONS	Occupatio SVP DRI	n JG DISTRIB & CONTROL	
Receipt Fo		Aggregate	Year-to-Date ▼ 384.60	
	(Last, First, Middle Initial) EN MCINTOSH			Date of Receipt
	dress 87 ROSELAWN RD			M M / D D / Y Y Y Y Y O S O S O S O S O S O S O S O
City	ND MILLS	State NY	Zip Code 10930	Transaction ID: INC.A.43226
FEC ID nu	imber of contributing itical committee.	C	10950	Amount of Each Receipt this Period  192.00
Name of E MEDCO H	mployer HEALTH SOLUTIONS	Occupatio VP & CC		
Receipt Fo			e Year-to-Date ▼ 384.00	
SUBTOTAL	of Receipts This Page (optional)			576.60
TOTAL This	Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 12/35   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN	C. POLITICAL A	ACTION COMMITTEE (a.k.a	. Medco Health PAC)
Full Name (Last, First, Middle Initial) MR STEVEN MCNAMARA			Date of Receipt
Mailing Address 112 GREEN TERF	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City WEST MILFORD	State NJ	Zip Code 07480	Transaction ID: INC.A.43368  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		192.31
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP BUS	n SINESS OPS	
Receipt For:  Primary  General  Other (specify) ▼		Year-to-Date ▼ 384.62	
Full Name (Last, First, Middle Initial) MR THOMAS MORIARTY			Date of Receipt
Mailing Address 86 WELLINGTON	0 1 0 5 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City SHORT HILLS	State NJ	Zip Code 07078	Transaction ID: INC.A.43019  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07070	192.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation	n ARMACEUTICAL CONTRAC	TING
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 384.00	
Full Name (Last, First, Middle Initial) MR KEVIN MURPHY, JR			Date of Receipt
Mailing Address 80 PARKWAY			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City FAIRFIELD	State CT	Zip Code 06824	Transaction ID: INC.A.43073
FEC ID number of contributing federal political committee.	C	00024	Amount of Each Receipt this Period  192.30
Name of Employer ACCREDO HEALTH GROUP	Occupation SVP MAR	RKET STRATEGY AND DE\	<u> </u>
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 384.60	
SUBTOTAL of Receipts This Page (options	al)		576.61

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 13 / 35   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may g the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
MEDCO HEALTH SOLUTIONS IN	IC. POLITICAL A	ACTION COMMITTEE (a.k.a	. Medco Health PAC)
Full Name (Last, First, Middle Initial) MS JUDITH PLATKIN			Date of Receipt
Mailing Address 29 BLACKWELL A	AVE		01 05 7 2008
City MORRISTOWN	State NJ	Zip Code 07960	Transaction ID: INC.A.43031  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07000	200.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERA		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) MS KARIN PRINCIVALLE			Date of Receipt
Mailing Address 875 ALEXANDRIA	CT		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City RAMSEY	State NJ	Zip Code 07446	Transaction ID: INC.A.43209  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07440	192.30
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP HR	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	
Full Name (Last, First, Middle Initial) MR MARK PROULX			Date of Receipt
Mailing Address 20 BRANDY RIDG	E ROAD		01 05 7 9 9 9
City SPARTA	State NJ	Zip Code 07871	Transaction ID: INC.A.43388  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07071	192.31
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP PHA	n ARMACY & CUST SVC OPS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.62	
SUBTOTAL of Receipts This Page (option	al)		584.61

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/35 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. P	name and ad	dress of any political committee to	solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) MR MICHAEL ROMANZO Mailing Address 96 LEHMANN STREET  City MAHWAH  FEC ID number of contributing federal political committee.		Zip Code 07430	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼		n ENT SYSTEMED e Year-to-Date ▼ 384.60	
- В.	Full Name (Last, First, Middle Initial) MR RICHARD RUBINO Mailing Address 5201 RIO VISTA DRIV City	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	MAHWAH  FEC ID number of contributing federal political committee.	State NJ	Zip Code 07430	Amount of Each Receipt this Period
	Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) ▼		ONTROLLER  Year-to-Date   386.00	]
С.	Full Name (Last, First, Middle Initial) JEFFREY SIMEK Mailing Address 704 SAW PALMETTO	COURT		Date of Receipt
	City PORT ORANGE FEC ID number of contributing federal political committee.	State FL	Zip Code 32128	Transaction ID: INC.A.43203  Amount of Each Receipt this Period  192.31
	Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)		P COMMUNICATIONS  e Year-to-Date   384.62	]
	SUBTOTAL of Receipts This Page (optional)			577.61
	TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 35 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to sold.	for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MR DAVID SNOW, JR Mailing Address 23 CEDAR GATE Re City DARIEN FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS Receipt For:	OAD  State Zip Code CT 06820  C  Occupation CHAIRMAN & CEO	Date of Receipt  O 1
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) DR GLEN STETTIN	Aggregate Year-to-Date ▼ 384.62	Date of Receipt
Mailing Address 8 MILL GLEN CT  City  UPPER SADDLE RIVER  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS	State Zip Code NJ 07458  C Occupation	Transaction ID: INC.A.43384  Amount of Each Receipt this Period  192.31
Receipt For:  Primary General  Other (specify) ▼	SVP/GM CLIN & THERAP SOL GROU Aggregate Year-to-Date ▼  384.62	JP -
Full Name (Last, First, Middle Initial) MS CYNTHIA SULLIVAN Mailing Address 21 DENISE DRIVE  City KINNELON  FEC ID number of contributing federal political committee.	State Zip Code NJ 07405	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)	Occupation SVP FINANCIAL PLANNING Aggregate Year-to-Date  384.60	
SUBTOTAL of Receipts This Page (optional)	)	576.92

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 35 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	
MEDGO HEALTH SOLUTIONS INC. F	POLITICAL	ACTION COMMITTEE (a.k.a	ı. Medco Health PAC)
Full Name (Last, First, Middle Initial) MR DANIEL WALDEN			Date of Receipt
Mailing Address 450 BEECHMONT DR			01 05 2008
City	State	Zip Code	Transaction ID: INC.A.43287
NEW ROCHELLE	NY	10804	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		192.31
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP REG	n GULATORY & MC PROGRA	 .MS
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 384.62	
Full Name (Last, First, Middle Initial) MR WILLIAM WALLACE			Date of Receipt
Mailing Address 5445 GOODWIN AVE	NUE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: INC.A.43414
DALLAS	TX	75206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		192.31
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SALE	n ES SEGMENT LEADER	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 384.62	
Full Name (Last, First, Middle Initial) MR TIMOTHY WENTWORTH			Date of Receipt
Mailing Address 309 WATERVIEW DR			01 05 2008
City	State	Zip Code	Transaction ID: INC.A.43121
FRANKLIN LAKES	NJ	07417	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		192.31
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation PRES, C	n EO ACCREDO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 384.62	
Primary General	0 0	384.62	576

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page  d Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 17 / 35 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR ROGER ANDERSON Mailing Address 833 OXFORD COU	RT	Date of Receipt
City	State Zip Code	0 1 1 9 2 0 0 8 Transaction ID: INC.A.43916
LEWISVILLE	TX 75056	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	192.30
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP & CHIEF PHARMACIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	
Full Name (Last, First, Middle Initial)  MR MICHAEL BARONE		Date of Receipt
Mailing Address 452 MEDWAY RD		01 19 2008
City HIGHLAND HEIGHTS	State Zip Code OH 44143	Transaction ID: INC.A.43950  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERAL MGR	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) BRYAN BIRCH		Date of Receipt
Mailing Address 4 WINDRUSH LANI	E	0 1 1 9 2 0 0 8
City WESTPORT	State Zip Code CT 06880	Transaction ID: INC.A.43890  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	192.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GROUP PRES, EMPLOYER GROUP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 384.00	
SUBTOTAL of Receipts This Page (optional	  )	634.30

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 35 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. P	name and add	dress of any political committee to	solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) KEN BODMER  Mailing Address P.O. BOX 381947  City GERMANTOWN  FEC ID number of contributing federal political committee.	State TN	Zip Code 38183	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General Other (specify) ▼	Occupation SVP FIN Aggregate		
– В.	Full Name (Last, First, Middle Initial) MS SALLIE BOWDEN  Mailing Address 5259 FISHERCREST L	_N		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: INC.A.43835
	RICHMOND	VA	23231	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP FORI	n MULARY CONSULTING	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 400.00	
С.	Full Name (Last, First, Middle Initial)			Date of Receipt
<b>.</b>	DONNA DENARDO  Mailing Address W2996 GIBRALTER R	OAD		M M / D D / Y Y Y Y Y O N N N N N N N N N N N N N N
	City	State	Zip Code	Transaction ID: INC.A.43946
	FISH CREEK  FEC ID number of contributing federal political committee.	C	54212	Amount of Each Receipt this Period
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation	n ENERAL MGR MEDICARE	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼  384.60	
	SUBTOTAL of Receipts This Page (optional)			584.30
T	TOTAL This Period (last page this line number of	only)		

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	Check only one
Any in	nformation copied from such Reports and St commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\ \	AME OF COMMITTEE (In Full) IEDCO HEALTH SOLUTIONS INC. P	OLITICAL /	ACTION COMMITTEE (a.k.a	. Medco Health PAC)
	ull Name (Last, First, Middle Initial) R ROBERT EPSTEIN			Date of Receipt
M	ailing Address 75 TWEED BLVD			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ci	ity IPPER GRANDVIEW	State NY	Zip Code 10960	Transaction ID: INC.A.43506  Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.	C	10300	192.31
Na M	ame of Employer IEDCO HEALTH SOLUTIONS	Occupatio CMO SV	n 'P MEDICAL&ANLYTC AFFF	
Re	eceipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 384.62	
				Date of Receipt
_	ailing Address 720 N. LARRABEE APT 1701			0 1 1 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity :HICAGO	State IL	Zip Code 60610	Transaction ID: INC.A.43877  Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.	C	00010	192.31
Na M	ame of Employer EDCO HEALTH SOLUTIONS	Occupatio GENERA		
Re	eceipt For: Primary General Other (specify) ▼	-1	e Year-to-Date ▼ 384.62	
FL				Date of Receipt
_	ailing Address 25 BALLYMEADE ROA	<b>ND</b>		M M / D D / Y Y Y Y Y O N N N N N N N N N N N N N N
Ci H	ity IOPEWELL JUNCTION	State NY	Zip Code 12533	Transaction ID: INC.A.43900  Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.	C	12000	192.31
Na M	ame of Employer EDCO HEALTH SOLUTIONS	Occupatio SVP/CHI	n IEF INFRASTRUCTURE OFI	FR
Re	eceipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 384.62	
SUB	INTOTAL of Receipts This Page (optional)			576.93

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 35 (check only one)    X
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pe the name and address of any political committee C. POLITICAL ACTION COMMITTEE (a.k.	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MR THOMAS GILSON Mailing Address 2 PELL FARM ROA		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City SADDLE RIVER FEC ID number of contributing federal political committee.	State Zip Code NJ 07458	Transaction ID: INC.A.43872  Amount of Each Receipt this Period  192.31
Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation GENERAL MGR  Aggregate Year-to-Date   384.62	
Full Name (Last, First, Middle Initial) MR SCOTT GILYARD Mailing Address 305 BERGAMOT D	RIVE	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: INC.A.43507
MEDINA  FEC ID number of contributing federal political committee.	MN 55340	Amount of Each Receipt this Period 192.30
Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General	Occupation PRES UHG Aggregate Year-to-Date ▼	
Other (specify)  Full Name (Last, First, Middle Initial)	384.60	
MR MARK HALLORAN  Mailing Address 19 KINGS RIDGE F	ROAD	Date of Receipt    M M
City	State Zip Code	Transaction ID: INC.A.43765
LONG VALLEY  FEC ID number of contributing federal political committee.	NJ 07853	Amount of Each Receipt this Period  192.31
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation CHIEF INFO OFFICER	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 384.62	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 35 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
MEDCO HEALTH SOLUTIONS INC.	POLITICAL A	ACTION COMMITTEE (a.k.a	. Medco Health PAC)
Full Name (Last, First, Middle Initial) MR PETER HARTY			Date of Receipt
Mailing Address 19520 YELLOW WIN		71.0	01 19 2008
COLORADO SERINGS	State CO	Zip Code	Transaction ID: INC.A.43505
COLORADO SPRINGS FEC ID number of contributing	C	80908	Amount of Each Receipt this Period
federal political committee.			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP GOV	n ERNMENT AFFAIRS	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		384.62	
Full Name (Last, First, Middle Initial) KENNETH KLEPPER			Date of Receipt
Mailing Address 295 GLEN PLACE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: INC.A.43889
FRANKLIN LAKES	NJ	07417	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		192.30
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation PRES &	n CHIEF OPERATING OFFIC	ER
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	
Full Name (Last, First, Middle Initial) MS CYNTHIA LAUBACHER			Date of Receipt
Mailing Address 7017 COBALT WAY			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: INC.A.43718
CITRUS HEIGHTS	CA	95621	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR (	n GOVERNMENT AFFAIRS	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
	<u> </u>		509.61

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 35 (check only one)    X
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F	name and add	dress of any political committee to	o solicit contributions from such committee.
∠ <b>4</b> .	Full Name (Last, First, Middle Initial) MR TODD MARTIN Mailing Address 11825 SHEPPARDS C	ROSSING		Date of Receipt  0 1 1 9 2 0 0 8
	City CLARKSVILLE	State MD	Zip Code 21029	Transaction ID: INC.A.43623  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		192.30
	Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)	Occupation GENERA Aggregate		
- 3.	Full Name (Last, First, Middle Initial)  MR JEFFREY MAY  Mailing Address 137 WASHINGTON AV	/E		Date of Receipt  0 1 1 9 2 0 0 8
	City	State	Zip Code	Transaction ID: INC.A.43816
	HILLSDALE FEC ID number of contributing federal political committee.	C	07642	Amount of Each Receipt this Period  192.30
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP DRI	n JG DISTRIB & CONTROL	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 384.60	
	Full Name (Last, First, Middle Initial) MS COLLEEN MCINTOSH Mailing Address 87 ROSELAWN RD			Date of Receipt  0 1 1 9 2 0 0 8
	City HIGHLAND MILLS	State NY	Zip Code 10930	Transaction ID: INC.A.43717
	FEC ID number of contributing federal political committee.	C	10930	Amount of Each Receipt this Period  192.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP & CO		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.00	
	SUBTOTAL of Receipts This Page (optional)			576.60

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 35 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions
` '	C. POLITICAL ACTION COMMITTEE (a.k.	a. Medco Health PAC)
Full Name (Last, First, Middle Initial) MR STEVEN MCNAMARA		Date of Receipt
Mailing Address 112 GREEN TERR		01 19 2008
City	State Zip Code	Transaction ID: INC.A.43859
WEST MILFORD	NJ 07480	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	192.31
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP BUSINESS OPS	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	384.62	
Full Name (Last, First, Middle Initial) MR THOMAS MORIARTY	•	Date of Receipt
Mailing Address 86 WELLINGTON A	AVENUE	01 19 2008
City	State Zip Code	Transaction ID: INC.A.43510
SHORT HILLS	NJ 07078	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	192.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP PHARMACEUTICAL CONTRACT	CTING
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 384.00	
Full Name (Last, First, Middle Initial) MR KEVIN MURPHY, JR		Date of Receipt
Mailing Address 80 PARKWAY		01 19 2008
City	State Zip Code	Transaction ID: INC.A.43564
FAIRFIELD	CT 06824	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	192.30
Name of Employer ACCREDO HEALTH GROUP	Occupation SVP MARKET STRATEGY AND DE	v
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	384.60	
	I	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS  Any information copied from such Benore	Use separate schedule(s) for each category of the Detailed Summary Page ts and Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 24 / 35 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than u  NAME OF COMMITTEE (In Full)	is and statements may not be sold of used by any person sing the name and address of any political committee to a line. POLITICAL ACTION COMMITTEE (a.k.a.	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  MS JUDITH PLATKIN  Mailing Address 29 BLACKWELI	L AVE	Date of Receipt
City	State Zip Code	0 1 1 9 2 0 0 8 Transaction ID: INC.A.43522
MORRISTOWN	NJ 07960	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERAL MGR	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) MS KARIN PRINCIVALLE		Date of Receipt
Mailing Address 875 ALEXANDF	RIA CT	01 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: INC.A.43700
RAMSEY  FEC ID number of contributing federal political committee.	NJ 07446	Amount of Each Receipt this Period 192.30
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP HR	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	
Full Name (Last, First, Middle Initial) MR MARK PROULX		Date of Receipt
Mailing Address 20 BRANDY RII	DGE ROAD	0 1 1 9 2 0 0 8
City	State Zip Code	Transaction ID: INC.A.43879
SPARTA	NJ 07871	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	192.31
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP PHARMACY & CUST SVC OPS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 384.62	
SUBTOTAL of Receipts This Page (op	tional)	584.61

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and	for each category of the Detailed Summary Page  Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 25 / 35 (check only one)    X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	POLITICAL ACTION COMMITTEE (a.k.a.	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  MR MICHAEL ROMANZO  Mailing Address 96 LEHMANN STRE	ET	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code NJ 07430	Transaction ID: INC.A.43636
MAHWAH  FEC ID number of contributing federal political committee.	NJ 07430	Amount of Each Receipt this Period  192.30
Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼	Occupation PRESIDENT SYSTEMED  Aggregate Year-to-Date   384.60	
Full Name (Last, First, Middle Initial) MR RICHARD RUBINO Mailing Address 5201 RIO VISTA DR	IVE	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MAHWAH	State Zip Code NJ 07430	Transaction ID: INC.A.43805  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS	Occupation	193.00
Receipt For: Primary General Other (specify)	SVP & CONTROLLER  Aggregate Year-to-Date ▼  386.00	
Full Name (Last, First, Middle Initial) C. JEFFREY SIMEK		Date of Receipt
Mailing Address 704 SAW PALMETT	O COURT	01 19 2008
City <u>PORT ORANGE</u>	State Zip Code FL 32128	Transaction ID: INC.A.43693  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	192.31
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CORP COMMUNICATIONS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 384.62	
SUBTOTAL of Receipts This Page (optional)		577.61

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 35 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MR DAVID SNOW, JR Mailing Address 23 CEDAR GATE R  City	State	Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
DARIEN FEC ID number of contributing federal political committee.	C	06820	Amount of Each Receipt this Period  192.31
Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼		n AN & CEO 9 Year-to-Date ▼ 384.62	]
Full Name (Last, First, Middle Initial) DR GLEN STETTIN Mailing Address 8 MILL GLEN CT			Date of Receipt  0 1 1 9 2 0 0 8
City	State	Zip Code	Transaction ID: INC.A.43875
UPPER SADDLE RIVER  FEC ID number of contributing federal political committee.	NJ C	07458	Amount of Each Receipt this Period  192.31
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP/GM	n CLIN & THERAP SOL GRO	DUP
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.62	
Full Name (Last, First, Middle Initial) MS CYNTHIA SULLIVAN Mailing Address 21 DENISE DRIVE			Date of Receipt
			01 19 2008
City KINNELON	State NJ	Zip Code 07405	Transaction ID: INC.A.43806  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.30
Name of Employer MEDCO HEALTH SOLUTIONS	<del> </del>	ANCIAL PLANNING	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	
SUBTOTAL of Receipts This Page (optional	)		576.92

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 35 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MR DANIEL WALDEN Mailing Address 450 BEECHMONT D  City NEW ROCHELLE	R State NY	Zip Code 10804	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	C		192.31
Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) ▼	SVP REG	GULATORY & MC PROGRA Year-to-Date ▼ 384.62	ams
Full Name (Last, First, Middle Initial) MR WILLIAM WALLACE Mailing Address 5445 GOODWIN AV	ENUE		Date of Receipt  0 1 1 9 2 0 0 8
City	State	Zip Code	Transaction ID: INC.A.43903
DALLAS FEC ID number of contributing federal political committee.	C	75206	Amount of Each Receipt this Period  192.31
Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼		S SEGMENT LEADER  Year-to-Date   384.62	]
Full Name (Last, First, Middle Initial) MR TIMOTHY WENTWORTH			Date of Receipt
Mailing Address 309 WATERVIEW D  City	R State	Zip Code	0 1 1 9 2 0 0 8 Transaction ID: INC.A.43612
FRANKLIN LAKES  FEC ID number of contributing federal political committee.	C	07417	Amount of Each Receipt this Period 192.31
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation PRES, Cl	EO ACCREDO	
Receipt For:  Primary General  Other (specify) ▼	_, '	Year-to-Date ▼ 384.62	
SUBTOTAL of Receipts This Page (optional)			576.93
			12702.68

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 28 / 35
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 23 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. POLI	e and address of any political	I committee to so	licit contributions from	m such committee
Full Name (Last, First, Middle Initial)	TIOAL ACTION COMMI	TTLL (a.k.a. K	Transaction ID:	
A. NIELSEN, MERKSAMER, PARRINELLO, I  Mailing Address 591 REDWOOD HIGHW		LLP	Date of Disburser	ment
City	State Zip Code		Amount of Each [	Disbursement this Period
MILL VALLEY  Purpose of Disbursement  LEGAL SERVICES	CA 94941	001		716.50
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial)  NIELSEN, MERKSAMER, PARRINELLO, I	MUELLER, & NAYLOR,	LLP	Transaction ID: I	ment
				2 2008
,	State Zip Code CA 94941		Amount of Each [	Disbursement this Period
Purpose of Disbursement LEGAL SERVICES Candidate Name		001 Category/ Type		560.00
Office Sought:    House   Disburse     Senate   President     State: District:	ment For: Primary General Other (specify)	Турс		
Full Name (Last, First, Middle Initial)  C. NIELSEN, MERKSAMER, PARRINELLO, I	MUELLER, & NAYLOR,	LLP	Transaction ID: [	ment
Mailing Address 591 REDWOOD HIGHW	AY., BLDG. 4000		01 22	2 2 0 0 8
,	State Zip Code CA 94941		Amount of Each [	Disbursement this Period
Purpose of Disbursement LEGAL SERVICES Candidate Name		001 Category/ Type		1466.50
Office Sought:    House   Disburse     Senate   President     State: District:	ment For: Primary General Other (specify)	. , , , ,		
SUBTOTAL of Disbursements This Page (optional)				2743.00
TOTAL This Period (last page this line number only)				2743.00

## SCHEDULE B (FEC Form 3X)

		Use separate schedule(s)		(check on		E NUMBER: PAGE 29 / 35 nly one)							
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	,		21b 27	22 28a	Х	23 28b	$\square$	24 28c	$\square$	25 29	26
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POL	e and address of any politic	al com	nmitt	ee to sol	icit contr	ibuti	ons fr	om sı				
	Full Name (Last, First, Middle Initial) JIM RAMSTAD VOLUNTEER COMMITTE Mailing Address 1809 PLYMOUTH ROAL					Trans Date o		sburs				3 ) 0 8	Y
	City MINNETONKA	State Zip Code MN 55305				Amou	nt of	Each	n Disb	urser	ment t	his Pe	eriod
	Purpose of Disbursement CHECK VOIDED; NOT ISSUED Candidate Name JAMES M RAMSTAD		C	01 ateg	ory/		•	•		•	-100	00.00	•
	Office Sought: X House Disburse	ement For: 2008 Primary General Other (specify)		Тур	e								
	Full Name (Last, First, Middle Initial) ALEXANDER FOR SENATE 2008 INC Mailing Address 228 S. WASHINGTON S	ST., STE. 115				Trans Date o		sburs			V	7 ) Ó 8	Y
	City ALEXANDRIA Purpose of Disbursement	State Zip Code VA 22314	T	01	1	Amou	nt of	Each	n Disb	ourser	ment t	his Pe	
	Candidate Name LAMAR ALEXANDER			ateg Typ	,								
	ÿ 🗎 🗆	ement For: 2008 Primary General Other (specify)	ı										
	Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMP	AIGN COMMITTEE				Trans Date	of Di	sburs	emen				
	Mailing Address 430 SOUTH CAPITOL S	T. SE, 2ND FLOO				0 <sup>M</sup> 1	M	D (	9	/ L	ž 0	8 0	<b>Y</b>
	City WASHINGTON	State Zip Code DC 20003				Amou	nt of	Each	n Disb	-			
	Purpose of Disbursement			01			_				1500	00.00	
	Candidate Name POLITICAL PARTY COMMITTEE			ateg Typ									
	Office Sought: House Disburse Senate President	ement For:    Primary   Genera     Other (specify)   \(\bracetarrow\)	l										
	State: District:												

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	FOR LINE (check on	E NUMBER: PAGE 30 / 35
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam-			
	NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLI	· ·		
<u></u>	Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN	COMMITTEE		Transaction ID: EXP.B.42963 Date of Disbursement
	Mailing Address 120 MARYLAND AVE. N	E		$\begin{bmatrix} 0 & 1 & M & / & D & 0 & 9 & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
	City WASHINGTON	State Zip Code DC 20002		Amount of Each Disbursement this Period
	Purpose of Disbursement		011	15000.00
	Candidate Name POLITICAL PARTY COMMITTEE		Category/ Type	
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		
	Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '08			Transaction ID: EXP.B.42968 Date of Disbursement
	Mailing Address P.O. BOX 1496			$\begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix}$
	City LOUISVILLE	State Zip Code KY 40201		Amount of Each Disbursement this Period
	Purpose of Disbursement		011	2500.00
	Candidate Name MITCH MCCONNELL		Category/ Type	
	X Senate X President	ement For: 2008 Primary General Other (specify)		
	State: KY District: Full Name (Last, First, Middle Initial)			Transaction ID: EXP.B.42964
	NATIONAL REPUBLICAN CONGRESSIO  Mailing Address 320 FIRST ST.	VAL COMMITTEE		Date of Disbursement  0 1 0 9 2 0 0 8
		State Zip Code		Amount of Each Disbursement this Period
	WASHINGTON	DC 20003		15000.00
	Purpose of Disbursement  Candidate Name		011 Category/	
	Purpose of Disbursement  Candidate Name POLITICAL PARTY COMMITTEE	ement For: Primary General Other (specify)		

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE (check onl	E NUMBER: PAGE 31 / 35
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam	nents may not be sold or used and address of any political	by any person	for the purpose of soliciting contributions olicit contributions from such committee
NAME OF COMMITTEE (In Full)	o and address or any pointed		
MEDCO HEALTH SOLUTIONS INC. POL	TICAL ACTION COMMI	TTEE (a.k.a. l	Medco Health PAC)
Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL	COMMITTEE		Transaction ID: EXP.B.42962 Date of Disbursement
Mailing Address 425 SECOND ST. NE			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City WASHINGTON	State Zip Code DC 20002		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	15000.00
Candidate Name POLITICAL PARTY COMMITTEE		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:  Full Name (Last, First, Middle Initial)  NEW DEMOCRAT COALITION PAC			Transaction ID: EXP.B.42966 Date of Disbursement
Mailing Address 607 14TH ST. NW, STE	800		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City WASHINGTON	State Zip Code DC 2005		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	5000.00
Candidate Name GENERAL PURPOSE COMMITTEE		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) BLUE DOG PAC			Transaction ID: EXP.B.43500 Date of Disbursement
Mailing Address 6849 OLD DOMINION D	R., STE. 222		01 22 7 2008
City MCLEAN	State Zip Code VA 22101		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	5000.00
Candidate Name GENERAL PURPOSE COMMITTEE		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
			25000.00

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	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	NUMBER: y one)	PAGE 32 / 35
11	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b
	y Information copied from such Reports and S for commercial purposes, other than using the				
$\rangle$	NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC.	POLITICAL ACTION COMMITTER	E (a.k.a. I	Medco Health PAC	:)
	Full Name (Last, First, Middle Initial) PHARMACEUTICAL CARE MANAGE  Mailing Address 601 PENNSYLVANI	MENT ASSOCIATION PAC (PCM A AVE. NW, STE. 740	ΛA)	Transaction ID: E Date of Disbursem	nent
	City WASHINGTON Purpose of Disbursement	State Zip Code DC 20004	011	Amount of Each D	5000.00
	Candidate Name GENERAL PURPOSE COMMITTEE	Ca	ategory/ Type		
	Office Sought: House Senate President State: District:	oursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	<b></b>	79000.00

A.

В.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 33/35
ITEMIZED DISBURSEMENTS	for each category of the	(Crieck only	
	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c x 29 30b
Any Information copied from such Reports and Statem	ente may not be cold or year		7
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLI	TICAL ACTION COMMI	TTEE (a.k.a. N	Medco Health PAC)
Full Name (Last, First, Middle Initial)			Transaction ID: EXP.B.43009
DEMOCRATIC PARTY OF WISCONSIN			Date of Disbursement
Mailing Address 222 W. WASHINGTON A	AVE., STE. 150		$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{smallmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & D \\ 1 & 7 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & 0 & 0 & 8 \\ & 2 & 0 & 0 & 8 \end{bmatrix}$
<i>y</i>	State Zip Code WI 53703		Amount of Each Disbursement this Period
	VVI 55705		2000.00
Purpose of Disbursement		011	2000.00
Candidate Name		Category/	
NON-FEDERAL CONTRIBUTION		Type	
Office Sought:  Senate President State: WI  Disburse	ment For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: EXP.B.43010
DEMOCRATIC PARTY OF WISCONSIN			Date of Disbursement
Mailing Address 222 W. WASHINGTON A	AVE., STE. 150		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 1 & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
	State Zip Code		Amount of Each Disbursement this Period
	WI 53703		1000.00
Purpose of Disbursement		011	1000.00
Candidate Name NON-FEDERAL CONTRIBUTION		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	3000.00
TOTAL This Period (last page this line number only)	•	3000.00

State: WI

District:

## SCHEDULE D (FEC Form 3X)

(Use separate schedule(s) or each bered line)

PAGE 34 / 35 FOR LINE NUMBER: 9 (check only one)

BTS AND OBLIGATIONS	fo
luding Loans	numl

MEDCO HEALTH SOLUTIONS INC	. POLITICAL ACTION COMMITTEE	(a.k.a. Medco Health PAC)
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Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE (In	Full)			
MEDCO HEALTH SOLU	TIONS INC. POLI	TICAL ACTION COMMITTEE (a.k.a	. Medco Health PAC)	
A. Full Name (Last, First			Nature of Debt (Purp	
NIELSEN, MERKSAM	IER, PARRINELLO	), MUELLER, & NAYLOR, LLP	LEGAL SERVICE	S
Mailing Address 591 R	EDWOOD HIGHW	/AY., BLDG. 4000		
City	Ctata	ZIP Code		
City MILL VALLEY	State CA	94941		
		J-J-1		
Outstanding Balance B	eginning This Period		Transaction	ID: PAY:D:42033
	2026.50			
Amount Incurre	d This Pariod	Payment This Period	Outstanding Palana	e at Close of This Period
Amount mound	d This i Chod	T ayricht This Feriod	Outstanding Balanc	c at Close of This I chod
	0.00	2026.50		0.00
B. Full Name (Last, First			Nature of Debt (Purp	
NIELSEN, MERKSAM	IER, PARRINELLO	), MUELLER, & NAYLOR, LLP	LEGAL SERVICE	S
Mallian Address 504 D	EDMOOD LIIOUNA	/AV DI DO 4000		
Mailing Address 591 R	EDWOOD HIGHW	VAY., BLDG. 4000		
City	State	ZIP Code		
MILL VALLEY	CA	94941		
Outstanding Balance B	eginning This Period		Transaction	ID: PAY:D:44477
Odistariding Balarice B			Transaction	ID: FAT.D.44477
	0.00			
Amount Incurre	d This Period	Payment This Period	Outstanding Balanc	e at Close of This Period
	1195.69	0.00		1195.69
	1195.09	0.00		1195.09
1) SUBTOTALS This Perio	od This Page (optiona	l)	<b>•</b>	1195.69
,		-7		
2) TOTALS This Period (las	st page this line numb	er only)	<b>&gt;</b>	1195.69
				0.00
3) TOTAL OUTSTANDING	LOANS from Scho	edule C (last page only)	•	0.00
			_	
4) ABB 6)		te line of Summary Page (last page only)	<b>&gt;</b>	1195.69

### Image# 28930609465

Form/Schedule: **SB23** VOID CHECK DATED 7/11/07

Transaction ID: EXP.B.43008